



**BOARD OF MEDICAL AND  
OSTEOPATHIC EXAMINERS**

**125 S. Main Avenue  
Sioux Falls, SD 57104**

<http://medicine.sd.gov> [SDBMOE@state.sd.us](mailto:SDBMOE@state.sd.us)

**VOLUNTARY SUSPENSION OF RESPIRATORY CARE  
PRACTITIONER LICENSE**

Todd F. Myrvik, RCP  
License Number #0749

I agree to voluntarily surrender my license to practice as a respiratory care practitioner in South Dakota.

I understand that my license is suspended until further notification by the South Dakota Board of Medical and Osteopathic Examiners (SDBMOE). I further understand that the Board will conduct an investigation of my applications for licensure and renewal, and at the end of this investigation the Board will notify me whether it intends to permanently revoke my license. I understand that I have a right to a hearing and that I will be afforded due process of law.

I agree that the SDBMOE may publish or report to any state or federal agency, or any other party or entity deemed appropriate by the SDBMOE, of the fact that my license has been voluntarily surrendered.

Dated this 30 day of DECEMBER, 2008

  
Todd F. Myrvik

H. Adrian Mohr BOARD INVESTIGATOR  
Witness

Dated this 30<sup>TH</sup> day of DECEMBER, 2008

